	4 DDI 10 4TI	^\\		ATION	DECODE
PAIENI	APPLICATION	JN FEE L	JE I EKWIIN	AHUN	RECURL

Effective October 1, 2000

plication or Docket Number

8122

CLAIMS AS FILED - PART I (Column 1)			l (Colui	mn 2)	SMALL ENTITY TYPE		ITITY	OR	OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS		20					RATE	FEE	ſ	RATE	FEE	
FOR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS		20 minus 20= 1		. 8			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 3 minus 3 =			ius 3 =	· >	2		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter				r "0" in c	olumn 2		TOTAL		OR	TOTAL	710.00	
CLAIMS AS AMENDED - PART				TII			1			OTHER	THAN	
(Column 1) (Column						(Column 3)		SMALL		OR	SMALL	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	i	RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM			+135=		OR	+270=	
							Ì	TOTAL ADDIT. FEE		OR	TOTAL ÁDDIT. FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDII. FEE I	<u> </u>		ADDIT: I EE	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		-		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		J	+135=		OR	+270=	
	-							TOTAL		OR	TOTAL	
								ADDIT. FEE		On	ADDIT. FEE	
		(Column 1) CLAIMS	7 05 13		mn 2) HEST	(Column 3)	1 1			ı		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	,
	Independent	*	Minus	***		=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	IULTIPLE DEF	PENDEN	IT CLAIN			.125_	:		+270=	1
	If the entry in colu	mn 1 is less than	the entry in colu	mn 2. wri	te "0" in co	olumn 3.		+135= TOTAL		OR	TOTAL	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												